

Application Data Sheet**Application Information**

Application number::
Filing Date:: October 30, 2003
Application Type:: Non-Provisional
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??::
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: Apparatus and Method for Diagnosis of
Optically Identifiable Ophthalmic Conditions
Attorney Docket Number:: 281-317
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Richard
Middle Name:: W.
Family Name:: Newman
Name Suffix::
City of Residence:: Auburn
State or Province of Residence:: NY
Country of Residence:: US
Street of Mailing Address:: 110 N. Marvine Avenue
City of Mailing Address:: Auburn
State or Province of Mailing Address:: NY
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 13021

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Corinn
Middle Name:: C.
Family Name:: Fahrenkrug
Name Suffix::
City of Residence:: Liverpool
State or Province of Residence:: NY
Country of Residence:: US
Street of Mailing Address:: 322 Cameo Circle
City of Mailing Address:: Liverpool
State or Province of Mailing Address:: NY
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 13088

Correspondence Information

Correspondence Customer Number:: 20874

Representative Information

Representative Customer Number::	20874
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Assignee Information

Assignee Name:: Welch Allyn, Inc.
Street of mailing address:: 4341 State Street Road
City of mailing address:: Skaneateles Falls
State or Province of mailing address:: NY
Country of mailing address:: US
Postal or Zip Code of mailing address:: 13153